

SAMPLE Annual Officer's Compliance Certificate

(Letterhead of ABC Healthcare Entity)

To: North Carolina Medical Care Commission
XYZ National Bank

This certificate is being delivered in accordance with the requirements of: (1) Section 3.10 (or other section cited here) of the Master Trust Indenture (MTI) dated as of _____, 200__ between ABC Healthcare Entity and XYZ National Bank and (2) the requirements of Section 5.04 (or other section cited here) of the Loan Agreement (LA) between ABC Healthcare Entity and The North Carolina Medical Care Commission, dated as of _____, 200__ (or Loans Agreements if more than one).

I (We) do hereby certify to the best of my (our) knowledge that for the Year Ended _____, 20__ ABC Healthcare Entity was not in violation of any of the covenants, terms, provisions or conditions of the MTI or LA, (and any other agreement cited in the compliance section of MTI or LA) except for those items of noncompliance (if any) set forth herein.

We have also provided to you a copy of the auditors compliance report for the Year Ended _____, 200__ and addressed the issues (if any) set forth in their report dated ____200__

Our long term debt service coverage ratio, as defined in the MTI and/or LA, for FYE ____200__ was _____.

Signed

Name, title and date
